DTO/SD/22 /40 00

PETITION	FOR EXTENSION O	TIME UNDER 37	CFR 1.136(a)	Docket Number	0670-7082
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Sorvice with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on		In re Application of Masaki KANEDA et al.			
		Application Number	10/589,615	Filed A	ugust 16, 2006
		GUIDANCE ROUTE SEARCH DEVICE, NAVIGATION For DEVICE, AND METHOD OF SEARCHING GUIDANCE ROUTE			
		Group Art 366 Unit	i3	Examiner	Redhwan K. Mawari
	est under the provision ly in the above identi		6(a) to extend th	ne period	
	d extension and appr eriod desired):	opriate non-small-e	ntity fee are as	follows	
⊠ c	ne month (37 CFR 1	.17(a)(1)) - (\$130/\$65)		\$130.00	
	wo month (37 CFR 1				\$
	hree month (37 CFR				\$
	our month (37 CFR 1				\$
	ive month (37 CFR 1				\$
	claims small entity st ove is reduced by on			e, the fee an	nount
A check in	the amount of the fe	ee is enclosed.			
☑ Payment	by EFT.				
The Com Deposit A	missioner has alread ccount.	y been authorized t	o charge fees in	this applica	tion to a
	missioner is hereby a any overpayment, to l			may be req	uired,
am the	applicant/inventor				
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
$\boxtimes$		of record, or attorne umber provided be			
	G: Information on thi ed on this form. Prov				
			5		
	November 8, 2010 Date			Signatu	re
	Date		Eric J R	obinson. Re	eg. No. 38,285
				ped or printe	

☐ Total of forms are submitted.

☐ 101al of rorms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete his form should be sent to the Chief Information Officer, U.S., Patient and Trademark Office, P.O. 80 at 1450, Mesanding, V.A. 2214-1450, D.NOTS CSRID FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22213-1450.